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EMPLOYEE SECTION				
EMPLOYEE IDENTIFICATION	Jacquelyn SOCIAL SECURITY NUMBER AGENCY NAME: The Board of Educat	MI LAS B N'. DAYTIME PHONE NU (412) 980- ion of the City Scho	Jai IMBER -5746	
MAILING ADDRESS (Address to which copies of documents will be mailed)	7801 Lloyd Avenue STREET ADDRESS CONTINUATION #116 BOROUGH / CITY / TOWN Swissvale	STATE PA	ZIP CODE + 4 15218 -	
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Phone Order

Entry Method: Manual

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Tax: \$

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Total: \$

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I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

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The City Of New York Office of Payroll Administration 450 West 33rd Street, 4th Floor New York, NY 10001